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## WOMEN PHYSICIANS

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# Hospitals for the Insane.

AN HISTORICAL RETROSPECT.

BY

JENNIE McCOWEN, A. M., M. D.

Davenport, Iowa.

Late Assistant Physician Iowa State Hospital for Insane, at Mt. Pleasant; Ex-President Scott County Medical Society; Member American Medical Association, Iowa State Medical Society, New York Medico-Legal Society; Attending Physician Cook Home for Friendless Women.

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## WOMEN PHYSICIANS IN HOSPITALS FOR THE INSANE.

### AN HISTORICAL RETROSPECT.

BY JENNIE MCCOWEN, M. D.

**T**HE idea that the insane need the services of a physician, is a comparatively new one. No conception of the necessity of medical attention, was entertained in those earlier times when the maniac was regarded as possessed of a devil, and a just victim of divine displeasure; nor even in those later times, when the first principle in the treatment of a lunatic was laid down to be fear; the best means of producing fear, punishment; and the best mode of punishment, stripes. Pinel's great work was not so much in striking the chains from the insane, as in boldly proclaiming the lunatic to be a fit subject for sympathy and relief, instead of a demoniac to be abhorred; in teaching the new doctrine that insanity was a disease susceptible of medical treatment and cure. The acceptance of this new doctrine slowly spread over Europe and instead of adjurations and ceremonies to exorcise the evil spirit, medical aid began to be sought, and institutions for the care and treatment of insanity multiplied.

The medical profession at this time consisted of men only, hence the curative work fell naturally into the hands of men. When the first hospitals for insane were established in this country, educated women physicians were unknown, hence the custom of ages was followed in the appointment of men as superintendents and physicians. But now circumstances are entirely changed. Thousands of educated women physicians are practicing in this country with varying degrees of success. While the majority with ordinary abilities and ordinary attainments are achieving ordinary success, we are not without those who are approaching the front ranks of the profession as practitioners of medicine, as accouchers, as original investigators, as authors, as editors, as professors in medical schools, etc. With this changed condition of society, in which women have compelled an acknowledgment of their fitness for professional work of all kinds, came the demand for women physicians in the care of the insane of their own sex. It was objected that women had not the professional ability for this work, had not the physical strength and force of character which would enable them to successfully maintain discipline among the violent and ferocious, and especially lacked the executive ability necessary to success in institutions of this kind.

To these objections it was answered that by reason of the short time during which women have had opportunities for higher education and especially medical education, occasions for trying their powers and demonstrating their ability had been extremely limited, but that with these occasions, failures had been few and that in many cases they had shown themselves both practical and efficient, in some cases to an eminent degree; that great physical strength is not a distinguishing characteristic sought in the case of male physicians and superintendents; that in answer to the charge that women could not control the violent and vicious, it was sufficient to point to the "Indiana Reformatory for Women and Girls," and to the "Reformatory Prison for Women" at Sherburne, Mass. In these institutions, the most violent and vicious criminals of the lowest and most degraded type, have been successfully controlled by women; so successfully that they not only will compare with any other prisons in the civilized world, but they are acknowledged models. In these institutions, it was further urged, that many insane women suffer from some form or disorder of the reproductive system; that while many functional disorders yield to rest, change and improved hygienic conditions, a considerable proportion of the cases of actual disease tend to become chronic unless subjected to appropriate remedial measures; that there was now no sufficient reason for denying to an insane woman the medical attention for physical conditions which would be regarded as imperative for the same woman, were she sane and under the care of the general practitioner instead of in a hospital; that the difficulties in the way of the superintendent or his young men assistants, making the examination necessary to establish an exact diagnosis, and in carrying out local treatment, were so great and of such a nature as to justly deter them from making the attempt.

To obviate these difficulties two plans were proposed, either the employment of a gynaecologist as a consulting physician, who should not reside in the hospital or be in any way connected with its management, or the adding of a woman physician to the resident medical staff. The latter experiment was finally tried in 1870 at Worcester, Mass., and during five years an accomplished and efficient woman physician had charge of those of her own sex, under the direction of the male superintendent. In 1873, a similar appointment was made at the Maine State Asylum and at Mt. Pleasant of our own state. After five years, the incumbent at Worcester resigned and a young man was appointed to fill the vacancy. When information was sought

of the superintendent as to the reason for the change, he replied, "I think I shall answer with sufficient explicitness by saying that after trying the experiment of a woman for assistant physician for five and a half years, both the board of trustees and myself are indisposed to repeat it." The experiment at the Maine State Asylum terminated in a similar manner, Iowa alone persevered and when at the end of three years, the first appointee resigned, another woman was promptly chosen to fill the vacancy. Notwithstanding the unfavorable report from Worcester and Augusta, in 1880 a woman was appointed at each of the state hospitals of Michigan and a third appointment was made at Mt. Pleasant, Iowa. These early experiments, covering a period of seven years had demonstrated two facts; first, that while some of them had been made in good faith, others had not that appearance; and second that the women could not justly be held accountable for results unless they had some power in shaping the course of events.

In all these appointments there was an understanding expressed or implied, that the new appointees were to devote themselves to the treatment of the female patients and that their professional status was to be on a par with that of other members of the staff. In more than one hospital, however, the duties assigned them were almost entirely clerical, no gynaecological work whatever being done; no professional recognition was accorded them, their rank in reality being that of nurse or clerk; and when vacancies occurred above them on the staff, to which by regular precedent, they would have been promoted had they been men, they were ignored and officers below them passed over their heads. How much could justly be expected of women under such circumstances, with no opportunities for the exercise of what professional ability they had, no opportunities for the cultivation of judgment or skill in the specialty, obliged to do what their conscience did not approve and leave undone what they considered of vital importance, embarrassed by the illy-concealed disdain of their associates on the staff, ignored socially by the ladies of the official family, and hampered in every way, by a superintendent who desired the failure rather than the success of the experiment? To live year after year with lunatics, in this kind of a professional atmosphere, in this kind of a social atmosphere, with no escape from the pressure, day nor night, but into the solitude of her own chamber, was enough to unnerve the stoutest heart of them all. There was no escaping the conclusion that if the woman physician was to win the goal, she must not be so heavily weighted for the race; that she could not be held accountable for

results if she was a mere automaton in the hands of some one else; that no comparisons could rightfully be made as to her skill, and ability, and efficiency until she had a full, and free, and untrammelled opportunity for the exercise of her gifts, social, professional and executive.

In 1880, Pennsylvania took this advanced step. By statutory enactment, the female patients in the state hospitals at Norristown and Harrisburg, were placed in charge of a woman, who, with the title of physician-in-chief, assumed the sole responsibility of their care and treatment. Last year (1884) Massachusetts passed a law providing for the appointment of a female assistant physician in the state hospitals. This was followed, a few weeks later, by an act requiring two women to serve on each of the five boards of trustees. The second act, being an important step toward securing prompt action under the first, went into effect first. At present there are four women serving as assistant physicians in the state hospitals at Danvers, Northampton, Taunton and Worcester. The first of these appointments, at Danvers was made as before mentioned, four or five years ago without the compulsion of a statute. The second at Taunton was made before the law took effect and would perhaps have been made without it. The third at Northampton was made according to the requirements of the act on January 1, 1885. The fourth at Worcester was delayed until the women on the board of trustees took up the matter and selected a candidate.

In New York in the same year a bill of similar import passed both the house and the senate but failed to become a law for want of the Governor's signature. In other states appointments have been made from time to time, chiefly by the younger and more progressive superintendents, without statutory compulsion. The following is a list without regard to chronological order, of the hospitals in which women physicians are now employed:

*Pennsylvania*—A woman physician-in-chief at each of the state hospitals at Harrisburg and Norristown, the former with one, and the latter with two, women assistants; also at Blockley Hospital in Philadelphia; *Massachusetts*—At the state hospitals at Taunton, Worcester, Danvers, and Northampton; and at the New England Hospital in Boston, and at Tewksbury Almshouse; *Ohio*—Dayton and Athens; *Michigan*—Kalamazoo and Pontiac; *Illinois*—Kankakee and Cook County hospitals; *Indiana*—Indianapolis; *Iowa*—Independence; *Nebraska*—Lincoln; *New York*—The Willard Asylum at Ovid; making a sum total of twenty-two women now serving on the staff of eighteen hospitals in nine states.

And what of results? is the question in every mind. It is yet too soon to speak of absolute results. It is one hundred and thirty-five years since the first hospital in the United States was open for the reception of insane patients. In all these years men have, in training for their work, freely passed through one grade after another until the superintendency was reached after which they had the most absolute control over those under their care even to the minutest detail. When women have had similar opportunities for an equal length of time we may draw comparisons and speak of results.

It is proper, however, for us to consider some of the conditions under which this work is being done, some of the expectations of the friends of the measure, and some of the difficulties in the way of at once realizing the full measure of all these expectations. The treatment of insanity from the nature of the disease, includes many more factors than enter into the treatment of most other diseases. Since the "insane man is always a sick man," the first requisite is medical attention suited to the form of his disorder; but this is only the first and in many cases the least important requirement of his condition. Disordered sensations, erroneous beliefs, false reasoning and lack of self-control, render it necessary that a stronger than he should decide the details of personal habits, diet, air, exercise, diversion, occupation; and not least important, nor least difficult in the management of the case, is the devising of means whereby the recommendations of the physician may be carried into effect with the least possible amount of friction. The brain is the most delicate, the most complicated, the most important part of the organism, and is so intimately related to all parts of the body, that in addition to the diseases and disorders, both of function and structure proper to itself, it suffers also, in greater or less degree from the diseases and disorders of other organs.

Dr. Beard has well said, "All the diseases of the brain and nervous system, by whatsoever name known, are related to each other, run into each other, take each other's place. The man who knows insanity only, does not know that; all the diseases of the nervous system are members one of another, and are to be studied in relation to each other as parts of a great whole." Hence the physician who would treat insanity should have as a preliminary qualification, not only a basis of the most thorough knowledge of anatomical and physiological relations, an exact understanding of the interdependence and correlation of the different systems of the human body, but added to

that, a judgment matured by wide and varied experience with general diseases. Upon this foundation is to be reared the superstructure of attainments which shall enable him to intelligently and successfully treat this most intricate and obscure and intractable of all diseases.

Now all of these women were well educated so far as provided by the curriculum of the medical schools, but all were, with one or two exceptions perhaps, recent graduates, and none of them were specially qualified for their work by training. They were quite as well prepared as were the young men who received appointments under similar circumstances, but all had their duties to learn by practice, some with the full co-operation and sympathy of the superintendent and other members of the staff, others obstructed at every step and annoyed by every petty indignity which small natures delight to inflict upon obnoxious persons within their power. With the single exception noted in Pennsylvania, all were subordinated to the male superintendent, and were expected to discharge such duties as he chose to assign them after a certain, definite line of action laid down for them even to the minutest detail. Their discretionary powers were limited to the veriest trifles, and in some cases were absolutely *nil*, and they were without authority except such as was delegated to them. All of which was perfectly right and proper for *novices* in the delicate and momentous work which holds in its purview the future possibilities of a human soul. But in the light of these facts it is self-evident that some of the hopes of the friends of this reform were impossible of realization. For example, that by reason of the employment of women physicians insanity would be robbed of all its disagreeable features; that restraint would be abolished; that all supervision of the general correspondence of the insane would cease; that the supposed frequent imprisonment of sane persons in hospitals for the insane would cease; that the percentage of recoveries among insane women would increase; and that the present management of hospitals would be revolutionized.

Some of these reforms are desirable and will come in due course of time, others are founded on misconceptions in regard to the insane state, and ought never to obtain, a discussion of which however is clearly without the scope of this paper. Upon one point I beg the indulgence of the Congress as it seems so frequently overlooked by those interested in insanity reforms, that is the fact—that nothing can ever make insanity a comfortable disease, that many of the conditions held up to public execration as faults in the management of the hospital, are in reality, inherent in the nature of the disease and can never

be otherwise. No professional skill nor fidelity to duty can ever rob insanity of all its terrors.

Most of these young women, however, have done good service, each according to her ability and according to her opportunities though no very marked change has taken place in any hospital, owing partly to conditions heretofore mentioned and partly to the fact that most of the hospitals were well-managed before. In some of them the medical service has been improved, in some the medical records have been better kept and in all perhaps the comfort of women patients in minor matters has been more carefully looked to.

In this impatience for results there are some considerations which should not be overlooked. There must be some failures, we should not be human else. Not all men in the profession achieve success in hospital work among the insane, on the contrary, there is and probably always will be, comparatively few. So also, in the case of women, we need not be surprised if occasionally by a mistaken choice or by the pressure of circumstances, one finds her way temporarily into this special field of labor without that peculiar combination of gifts which assures success in the care and treatment of the insane. Again, the honors and emoluments of the lowest position on the medical staff (those usually offered women) are not such as to attract women of the best professional gifts. Young men are willing to accept these places temporarily, as there is the inducement that from time to time, as experience and increasing capabilities justify it, promotion will follow, with each time an increase of salary, until finally the superintendency is opened to him with good salary, high professional standing, and social advantages, which inducements operate very unequally in the case of young women, as has been shown.

The lunacy reform is of slow growth, as indeed it ought to be to insure wisdom and permanency in the changes made ; but the time is undoubtedly approaching when no insane woman shall be denied the compassionate attendance of a physician of her own sex. For the final fruition of this hope we must work steadily not only with the "courage of our convictions" but in the words of our beloved president, with the "patience of our faith."

DAVENPORT, IOWA.





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